

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC #2

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2012
NAME OF PROVIDER OR SUPPLIER BEECH TREE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELICO, TN 37762		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 000		
F 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>A Recertification survey and complaint investigation #29110 were completed at Beech Tree Manor on May 2, 2012. No deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a sanitary environment for one of two Central Baths.</p> <p>The findings included:</p> <p>Observation on May 1, 2012, at 1:40 p.m., in the 300 Hall Central Bath revealed the trash can was overflowing to the floor with soiled briefs. Continued observation revealed two residents were brought to the central bath to receive showers.</p> <p>Interview with Certified Nurse Aide (CNA) #1, May 1, 2012, at 1:45 p.m., in 300 Hall Central Bath revealed "I normally take it (trash) out when it gets full." Continued interview confirmed the 300 Hall Central Bath was not sanitary for bathing the two residents.</p>		F 253	<p>F-253 1) Trash container was emptied.</p> <p>2) Staff will do periodic checks to ensure that trash containers will be emptied before they are completely full.</p> <p>3) Staff will be Inserved regarding emptying trash containers before they overflow by 5-30-2012</p> <p>4) Housekeepers will routinely check daily for 30 days to ensure trash containers are emptied timely.</p>	5-30-12
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS		F 272		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

James Logan

ADMINISTRATOR 5-17-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

BEECH TREE MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

240 HOSPITAL LANE, PO BOX 300

JELICO, TN 37762

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F 272	<p>Continued From page 1</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:</p> <ul style="list-style-type: none"> Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. 	F 272	<p>F-272 1) Dietary Assessment was completed on 05-01-2012.</p> <p>2) Dietician will be inserviced about doing assessment s in a timely manner.</p> <p>3) A Sign Out log will be placed at the nursing stations to track location of charts .</p> <p>4) Dietary Manager to monitor Dietary assessments to ensure they are completed timely by 6-14-2012</p>	6-14-12

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F 272	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and interview, the facility failed to complete a comprehensive assessment for nutrition for one resident (#7) of twenty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility on April 12, 2012, with diagnoses including Diabetes Mellitus, Hypertension, Morbid Obesity, and Bilateral Lower Extremity Wound with Cellulitis.</p> <p>Medical record review of the Minimum Data Set (MDS) dated April 25, 2012, revealed the resident scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. Review of the MDS Care Area Assessment Summary (CAA) revealed the care area of Nutritional Status was triggered and revealed "...weight is 463 lbs (pounds)...resident has a diagnosis of Chronic Kidney Disease, Diabetes, and CAD (Coronary Artery Disease) thus...needs a therapeutic diet. Diet ordered is a Reg (Regular) NAS/RC (No Added Salt/Reduced Carbohydrates) diet...Resident is on Vitamin (Vit) C and Vit B 12 to help with...wound healing. Lasix (diuretic) was started on 4/24/12 as ordered. May see some desired weight loss as a result of the Lasix...Is a referral to another discipline warranted? Yes...Dietician to see resident this afternoon."</p> <p>Medical record review of the Dietary Progress Notes and Nutrition Assessment revealed the dietician did not complete the Nutrition Assessment until May 1, 2012.</p>	F 272			

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F 272 Continued From page 3

F 272

Interview with the dietician on May 1, 2012, at 11:55 a.m., in the conference room confirmed the dietician was in the facility during the week of April 23, 2012, the resident was on the dietician's list to be seen, and the dietician did not complete the Nutritional Assessment.

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET
SS=D PROFESSIONAL STANDARDS

F 281

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, review of facility policy, and interview, the facility failed to follow facility policy for PRN (as needed) medications for one resident (#7) of twenty-two residents reviewed.

The findings included:

Resident #7 was admitted to the facility on April 12, 2012, with diagnoses including Diabetes Mellitus, Hypertension, Morbid Obesity, and Bilateral Lower Extremity Wound with Cellulitis.

Medical record review of a Physician's Telephone Order dated April 17, 2012, revealed "Start Benadryl 25 mg (milligram) 1 po (orally) q6 (every six hours) PRN..." with no indication for the administration of the Benadryl.

Medical record review of the Medication Administration Record (MAR) for April 2012 revealed "Benadryl 25 mg 1 po q 6 prn" and the

F-281 1) Nurses will be directed to document indication for PRN medication given by 5-30-2012

2) Residents with telephone orders written / received from 05-09-2012 to 05-15-2012 regarding PRN medication were reviewed to ensure indication for use were identified on the telephone orders.

3) Nurses will be inserviced one on one by the Director of Nursing or the appointed designee by 5-30-2012.

4) Telephone orders to be monitored daily by the ADON until 6-15-2012.

5-30-12

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F 281	Continued From page 4 resident received two doses of Benadryl on April 18, 2012, and one dose on April 26, 2012. Continued review of the MAR revealed no documentation of an indication for the administration of the Benadryl. Medical record review of the Physician's Recapitulation Orders for May 2012 revealed "Diphenhydramine (Benadryl)...25 mg...take 1 capsule by mouth every 6 hours as needed" with no indication for the administration of the Benadryl. Review of facility policy, Medication Orders, revealed "...medication orders...are accepted if they comply with the requirements listed below...PRN (as needed) orders clearly delineate the condition for which they are being administered, for example, 'as needed for pain' or 'as needed for sleep'...New Verbal Orders The nurse documents the verbal order and the reason for its use on the telephone order sheet or the physician's orders sheet..." Interview and medical record review with the Assistant Director of Nursing and Registered Nurse (RN) #1 on May 1, 2012, at 9:35 a.m., at the 200 hall nurses station confirmed there was no indication for the PRN Benadryl and the facility's policy for the PRN medication was not followed.	F 281			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the	F 314			

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F 314	<p>Continued From page 5</p> <p>individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility policy, and interview, the facility failed to perform a comprehensive assessment to include staging, size, and description of a pressure or venous stasis wound for one resident (#10) of twenty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #10 was admitted to the facility on August 20, 2009, with diagnoses including Diabetes Mellitus, Kidney Disease, Congestive Heart Failure, Cardiomegaly, Pressure Ulcers, and Dementia.</p> <p>Medical record review of the Minimum Data Set (MDS) dated April 11, 2012, revealed the resident scored a three out of fifteen on the Brief Interview for Mental Status (BIMS-severe impairment) and required extensive assistance with activities of daily living. Further review revealed the presence of venous and arterial ulcers to the right foot and ankle.</p> <p>Medical record review of a Care Plan last updated on March 26, 2012, revealed interventions were put into place to promote wound healing and further skin breakdown.</p>	F 314	<p>F-314 1) When the wound was found the Nurse contacted physician and received treatment orders .</p> <p>2)Weekly Comprehensive skin assessments will be done according to facility policy . Daily skin observation will be conducted thru routine care.</p> <p>3) Inservice staff on skin care and potential breakdown issues by 6-14-2012.</p> <p>4) ADON will monitor skin assessments weekly according to facility policy .</p>	6-14-12

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F 314	Continued From page 6 Medical record review of the Braden Scale for Predicting Pressure Sore Risk last updated on April 11, 2012, revealed the resident scored a 14, indicating moderate risk for developing pressure sores. Medical record review of a Weekly Skin Assessment record dated April 2, 9, 16, 23, and 30, 2012, revealed the resident had pressure/stasis wounds to the right ankle and foot, and no alteration in skin integrity to the left heel. Medical record review of a Radiology Exam Report for a Computed Tomography (CT) Angiography (diagnostic scan that provides detailed images of blood vessels) dated September 14, 2011, revealed lower extremity stenoses (narrowing of blood vessels) bilaterally. Review of facility policy, Skin Integrity (not dated), revealed "...skin observed daily...during routine care...weekly skin assessments by licensed personnel..." Observation and interview with Licensed Practice Nurse (LPN) #1 on May 2, 2012, at 8:12 a.m. and 9:08 a.m., in the resident's room revealed the resident lying in bed with heel lift boots (used to elevate heels) on both feet. Further observation revealed the resident had a pressure ulcer on the left heel with black eschar (necrotic tissue). Interview with LPN #1 confirmed the resident was on a weekly skin assessment program. Further interview confirmed the facility was not aware of the wound on the left heel. Further interview revealed "I wasn't aware (the resident) had one there."	F 314			

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F 314	Continued From page 7 Interviews with the Assistant Director of Nursing (ADON) on May 2, 2012, at 8:33 a.m., LPN #1 at 9:08 a.m., in the resident's room, and telephone interview with a Physician's Assistant (PA) at 9:16 a.m., confirmed the resident had developed a stage 2 wound measuring 1 centimeter (cm) by 1 cm to the left heel that was either a pressure or venous stasis wound, which could develop in two to three days. Further interview confirmed the ADON had failed to complete a thorough skin assessment to identify the wound to left heel on April 30, 2012.	F 314			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked,	F 431	Fentanyl patches 1) Nurses have been instructed to flush Fentanyl patches when removed and destroyed according to facility policy. 2) Nurses will complete inservice /training to follow facility policy on controlled medications by 5-30-2012. 3) ADON or designee will monitor destruction log weekly.	5-30-12	

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F 431	<p>Continued From page 8</p> <p>permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's specifications, review of facility's policy, and interview, the facility failed to provide expiration dates for biologicals for glucose (blood sugar) testing on two (200 Skilled Hall Medication Cart, 300 Front Hall Medication Cart) of five medication carts observed, and failed to document the destruction of a controlled substance on one (200 Back Hall Medication Cart) of five medication carts observed.</p> <p>The findings included:</p> <p>200 Skilled Hall Medication Cart</p> <p>Observation of the 200 Skilled Hall Medication Cart on May 1, 2012, at 8:25 a.m., at the 200 Hall Nursing Station, with Registered Nurse (RN) #1, revealed one opened Quintet AC vial containing 25 blood glucose test strips used in testing blood glucose (sugar levels) in diabetic residents. Further observation revealed the opening date was not documented on the label of the vial.</p> <p>Review of the manufacturer's specifications in the</p>	F 431			

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F 431	<p>Continued From page 9</p> <p>package insert revealed, "...Do not use expired test strips...When you open a new vial of test strips, please write the date opened on the label. Use test strips within 3 months after first opening..."</p> <p>Interview with RN #1, on May 1, 2012, at 8:30 a.m., at the 200 Skilled Hall Medication Cart, at the 200 Hall Nursing Station, confirmed the vial of glucose test strips for verifying patient blood glucose was not dated when opened.</p> <p>300 Front Hall Medication Cart</p> <p>Observation of the 300 Front Hall Medication Cart on May 1, 2012, at 9:45 a.m., at the 300 Hall Nursing Station, with RN #2, revealed one box of Consult Diagnostics Control Solutions containing one, 4 milliliter (ml) bottle of High Level Glucose Testing Solution and one, 4 ml bottle of Normal Level Glucose Testing Solution. Further observation revealed the opening date was not documented on the label of each bottle.</p> <p>Review of the manufacturer's specifications in the package insert revealed, Consult Diagnostics Control Solutions are used "...as a quality control test to verify that..." the glucose meter and glucose testing strips, "...are working properly...When opening a new vial...write the opening date on the label...Solution is good for 3 months after opening the vial...Check the expiration date before using the control solution..."</p> <p>Interview with RN #2, on May 1, 2012, at 9:50 a.m., at the 300 Front Hall Medication Cart, at the 300 Hall Nursing Station, confirmed both bottles</p>	F 431	<p>F-431 1) All test strip and solution bottles that were opened and not dated were destroyed. And all test strips and solution opened were dated 5-1-2012.</p> <p>2) All Residents with glucose monitoring will have blood sugar checked with strips that have a date labeled bottle when opened.</p> <p>3) Nurse will be inserviced regarding dates on glucose container when opened by 6-14-2012.</p> <p>4) Pharmacist will check dates on opened glucose test strips and solutions during routine pharmacy visits.</p>	6-14-12

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F 431	<p>Continued From page 10</p> <p>of glucose control solutions for verifying the accuracy of glucose meters and glucose test strips were not dated when opened.</p> <p>200 Back Hall Medication Cart</p> <p>Observation during a medication pass on May 1, 2012, at 7:40 a.m., at the bedside of Resident A, revealed, Licensed Practical Nurse (LPN) #1 removed the used Fentanyl (narcotic/controlled medication for pain) 25 microgram patch from the left shoulder blade region of the back of Resident A. Further observation revealed the used Fentanyl patch was wrapped in a plastic glove and discarded in the locked sharp's container on the 200 Back Hall Medication Cart outside the room of Resident A. A sharp's container is used to store used medical needles.</p> <p>Review of the manufacturer's specifications in the package insert, revealed, the Fentanyl patch, "...contains a high concentration of a potent Schedule II opioid agonist...Schedule II opioid substances which include Fentanyl...have the highest potential for abuse and associated risk of fatal overdose due to respiratory depression..."</p> <p>Review of the facility's policy, "CONTROLLED MEDICATION DISPOSAL", revealed, "...When a dose of a controlled medication is removed from the container for administrations but refused by the resident or not given for any reason, it is not placed back in the container. It is destroyed in the presence of two licensed nurses or a licensed nurse and a pharmacist, and the disposal is documented on the accountability record on the line representing that dose. The same process applies to the disposal of unused partial tablets</p>	F 431			

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F 431	Continued From page 11 and unused portions of single dose ampoules and doses of controlled substances wasted for any reason..."	F 431			
	Interview with LPN #1, on May 1, 2012, at 7:45 a.m., at the 200 Back Hall Medication Cart, in the 200 Back Hall, confirmed the used Fentanyl patch removed from Resident A was placed in the sharp's container; the patch was not destroyed; and (LPN #1) "always disposed of Fentanyl patches in the sharp's container."				